

Community Pathways – **Revised Draft Proposal**

Service Type: Other

Service (Name): Consultative Clinical and Therapeutic Services

Alternative Service Title: **BRIEF SUPPORT IMPLEMENTATION SERVICES (BSIS)**

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition:

- A. Brief Support Implementation Services is a time limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement a ~~Person Centered~~ Behavior Tiered Supports Plan developed during Behavioral Consultation.
- B. Brief Support Implementation Services includes:
1. On-site execution and modeling of identified behavioral support strategies;
 2. Direct support and follow up to the caregiver or provider to ensure that recommendations and strategies are being implemented in a manner that is consistent with the ~~Behavior Person Centered~~ Tiered Support Plan;
 3. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the ~~Behavior Person Centered~~ Tiered Support Plan and strategies; and
 4. Participation in on-site meetings or instructional sessions with the individual's support network regarding the recommendations, strategies, and next steps identified in the ~~Behavior Person Centered~~ Tiered Support Plan.

SERVICE REQUIREMENTS:

- A. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports).
- B. Prior to Brief Support Implementation Services the following is required the completion of a Behavioral Assessment waiver service or Mobile Crisis Intervention Service (MCIS) in conjunction with Behavioral Consultation that has developed a ~~Behavior Person Centered~~ Tiered Support Plan.
- C. The Brief Support Implementation Services staff is required to be onsite with the caregiver in order to model the implementation of identified strategies to be utilized in the ~~Behavior Person Centered~~ Tiered Support Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Services may be authorized for up to a four month period based on the following unless otherwise authorized by the DDA:

1. For the first month of implementation of a new plan, up to five (5) hours a week
2. For the following four months, up to two (2) hours a week may be authorized

Service Delivery Method (check each that applies)

- ☐ Participant Directed as specified in Appendix E
☒ Provider Managed

Specify whether the service may be provided by (check all that applies): Not Applicable

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

| Provider Category | Provider Type Title |
|-------------------|---|
| Agency | Licensed Behavioral Support Services Provider |

Provider Category: Agency

Provider Type: Licensed Behavioral Support Services Provider

Provider Qualifications License (specify):

License (specify):

Licensed Behavioral Support Services Provider as per COMAR 10.22.10

Certificate (specify):

Other Standard (specify):

Staff providing the BSIS must be one of the following:

1. Certified Crisis Intervention Specialist;
2. Certified Behavioral Intervention Technician; or
3. Registered Behavioral Technician.

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of Licensed Behavioral Support Services provider
- Providers for verification of staff qualifications

Frequency of Verification:

- DDA - annually
- Providers – prior to service delivery